LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT

(FOR CANDIDATES)

Pursuant to *La. R.S. 18:1495.7*, any person who becomes a candidate for an office for which the holder of the office is required to file financial disclosure statements pursuant to R.S. 42:1124, 1124.2, or 1124.3, shall file a financial disclosure statement as required by R.S. 42:1124, 1124.2, or 1124.3 for the office for which he is a candidate.

GENERAL INFORMATION

- You are required to file a Tier 2 Personal Financial Disclosure Statement if you are a candidate seeking election to the *state legislature* or to an office *representing a voting district with a population over 5,000*.
- If you are a candidate seeking re-election and have previously filed an annual financial disclosure statement timely with the Board of Ethics (and in the same calendar year), such filing shall satisfy the requirements of this Section.
- If you are a candidate that holds another position/office that requires you to file a financial disclosure statement, you are required to file a financial disclosure statement at the highest tier level. Tier levels (highest to lowest): Tier 1, Tier 2, Tier 2.1, Tier 3.
- La. R.S. 18:1495.7 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.
- You are only required to complete the *schedules* that are applicable to your personal financial status. If additional copies of the schedule are needed, copies are available at www.ethics.state.la.us.
- For additional information, visit the *Disclosure—Frequently Asked Questions* section of our website, or view the information sheets provided under *General Information—Publications*.
- The financial disclosure statement must be filed with the Board of Ethics **within 10 days of filing your *Notice of Candidacy.***
- Acceptable methods for filing a personal financial disclosure statement:
  - Fax: 225/381-7271
  - Mail: Board of Ethics, Post Office Box 4368, Baton Rouge, Louisiana 70821
  - Hand-deliver: 617 North 3rd Street, Suite 1036, Baton Rouge, Louisiana

Instructions

Cover Sheet

- You are required to disclose financial information related to the **previous calendar year**.
- You are required to disclose information related to you and your spouse.
- You are required to disclose whether you have filed your federal and state income tax returns for the previous year or requested an extension in filing your returns.
- The financial disclosure form must be a **notarized document** that includes your signature certifying that the information contained is true and correct to the best of your knowledge, information, and belief.
- **"Public Office" means** any state, parish, municipal, ward, district, or other office or position that is filled by election of the voters.
- **"Public Office" does not mean** office of the president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.

Schedule A: Employment Information

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

Schedule B: Positions – Business

- You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business **and** if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.
- **"Business" means** any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

Schedule C: Positions – Nonprofit

- You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.

Schedule D: Income from the State, Political Subdivisions, and/or Gaming Interests

- You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest, OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.
- Amount of income received must be reported as an exact dollar amount.
- **"Business" means** any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.
- **"Income" (for a business) means** gross income less costs of goods sold, and operating expenses.
- **"Income" (for an individual) means** taxable income and shall not include any income received pursuant to a life insurance policy.

- **"Political Subdivision" means** a parish, municipality, or any other unit of local government, including a school board or a special district authorized by law to perform governmental functions, e.g., hospital service districts, school boards (and schools under its authority), police juries, parish councils, boards of aldermen, cities, towns, villages, city councils, clerks of court, etc.
- **"Gaming Interest" means** [as defined in La. R.S. 18:1505.2L(3)(a)] (i) Any person who holds a license or permit as a distributor of gaming devices, who holds a license or permit as a manufacturer of gaming devices, who holds a license or permit as a device service entity, and any person who owns a truck stop or a licensed pari-mutuel or off-track wagering facility which is a licensed device establishment, all pursuant to the Video Draw Poker Devices Control Law; (ii)Any person who holds a license to conduct gaming activities on a riverboat, who holds a license or permit as a distributor or supplier of gaming devices or gaming equipment including slot machines, or who holds a license or permit as a manufacturer of gaming devices or gaming equipment including slot machines issued pursuant to the Louisiana Riverboat Economic Development and Gaming Control Act, and any person who owns a riverboat upon which gaming activities are licensed to be conducted; or (iii) Any person who holds a license or entered into a contract for the conduct of casino gaming operations, who holds a license or permit as a distributor of gaming devices or gaming equipment including slot machines, or who holds a license or permit as a manufacturer of gaming devices or gaming equipment including slot machines issued pursuant to the Louisiana Economic Development and Gaming Corporation Act, and any person who owns a casino where such gaming operations are licensed.

Schedule E: Income Received from Employment

- You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.
- **"Income" (for a business) means** gross income less costs of goods sold, and operating expenses.
- **"Income" (for an individual) means** taxable income and shall not include any income received pursuant to a life insurance policy.
- Income reported on SCHEDULE D does not have to be restated on SCHEDULE E.
- Income received through *self-employment* is disclosed on SCHEDULE F.
- Income is reported by category:
  - Category I: Less than $5,000
  - Category II: $5,000 - $24,999
  - Category III: $25,000 - $100,000
  - Category IV: more than $100,000

Schedule F: Income from Business Interests

- You are required to complete SCHEDULE F if you or your spouse received income from a *business interest.*
- **"Income" (for a business) means** gross income less costs of goods sold, and operating expenses.
- **"Income" (for an individual) means** taxable income and shall not include any income received pursuant to a life insurance policy.
- You are required to include a brief description of the nature of services rendered to each business or the reason such income was received.
- Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.
- The aggregate amount of such income is reported by category:
  - Category I: Less than $5,000
  - Category II: $5,000 - $24,999
  - Category III: $25,000 - $100,000
  - Category IV: More than $100,000

Schedule G: Other Income

- You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded $1,000 from any one source.
- **"Income" (for a business) means** gross income less costs of goods sold, and operating expenses.
- **"Income" (for an individual) means** taxable income and shall not include any income received pursuant to a life insurance policy.
- You are required to provide a brief description of the nature of the services rendered, or the reason such income was received.
- Income reported on SCHEDULE D, E or F does not have to be restated on SCHEDULE G.
- You are not required to report income derived from child support and alimony payments contained in a court order, or from disability payments from any source.
- Income received is reported by category:
  - Category I: Less than $5,000
  - Category II: $5,000 - $24,999
  - Category III: $25,000 - $100,000
  - Category IV: More than $100,000

Schedule H: Immovable Property

- You are required to complete SCHEDULE H if you or your spouse (either individually or collectively) has an interest in immovable property where each exceeds $2,000 in value.
- You are required to disclose the location by country, state, and parish/county.
- You are required to provide a brief description of the immovable property and its fair market value or use value as determined by the assessor for purposes of ad valorem taxes.
- The value is reported by category:
  - Category I: Less than $5,000
  - Category II: $5,000 - $24,999
  - Category III: $25,000 - $100,000
  - Category IV: More than $100,000

Schedule I: Investment Holdings

- You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value exceeding $5,000.
- You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.
- You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

Schedule J: Transactions

- You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds $5,000 each).
- You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.
- The transaction amount is reported by category:
  - Category I: Less than $5,000
  - Category II: $5,000 - $24,999

- Category III: $25,000 - $100,000
- Category IV: More than $100,000

Schedule K: Liabilities

- You are required to complete SCHEDULE K if you or your spouse (either individually or collectively) owes any liability which exceeds $10,000 on the last day of the reporting period.
- You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.
- You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.
- You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.
- You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).
- You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.
- **"Consumer Credit Transaction" means** a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).

Schedule L: Other Offices/Positions

- You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1, or 42:1124.3.

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TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)

This Report Covers Calendar Year: ____________________
☐ ORIGINAL REPORT
☐ AMENDED REPORT

☐ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE L.

Office Sought:____ Incumbent: ☐Yes ☐No
Date of Election:____
Date Qualified: ____

Name of Filer (print full name): ____

Mailing Address: ____

City, State, Zip: ____

Name of Spouse (print full name): ____

Spouse's Occupation: ____

Spouse's Principal Business Address: ____

City, State Zip: ____

Check all that apply:

☐ I have filed my state income tax return for the previous year.
☐ I have filed for an extension of my state income tax return for the previous year.
☐ I have filed my federal income tax return for the previous year.
☐ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 18:1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.

Certificate of Accuracy

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

____
Signature of Filer

Sworn to and subscribed before me on this _____ day of ____________________, 20___.

____
Notary Public (print name)

____
Notary Public (signature)

ID#____

Date Commission Expires ____________________

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Schedule A: Employment Information

☐Filer ☐Spouse ☐Full-Time ☐ Part-Time
Job Title: ______________________________
Name of Employer: ______________________________
Address: ______________________________
City, State, Zip: ______________________________
Job Description: ______________________________
____

☐Filer ☐Spouse ☐Full-Time ☐ Part-Time
Job Title: ______________________________
Name of Employer: ______________________________
Address: ______________________________
City, State, Zip: ______________________________
Job Description: ______________________________
____

☐Filer ☐Spouse ☐Full-Time ☐ Part-Time
Job Title: ______________________________
Name of Employer: ______________________________
Address: ______________________________
City, State, Zip: ______________________________
Job Description: ______________________________
____

☐Filer ☐Spouse ☐Full-Time ☐ Part-Time
Job Title: ______________________________
Name of Employer: ______________________________
Address: ______________________________
City, State, Zip: ______________________________
Job Description: ______________________________
____

- **You are required to disclose employment information related to both you and your spouse.**
- **List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.**

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SCHEDULE B: POSITIONS - BUSINESS

☐Filer ☐Spouse ☐Both

Amount of Interest (amount exceeds 10%): ___________%
Name of Business: ______________________________
Address: ______________________________
City, State, Zip: ______________________________
Business Description: ______________________________
Nature of Association: ______________________________

☐Filer ☐Spouse ☐Both

Amount of Interest (amount exceeds 10%): ___________%
Name of Business: ______________________________
Address: ______________________________
City, State, Zip: ______________________________
Business Description: ______________________________
Nature of Association: ______________________________

☐Filer ☐Spouse ☐Both

Amount of Interest (amount exceeds 10%): ___________%
Name of Business: ______________________________
Address: ______________________________
City, State, Zip: ______________________________
Business Description: ______________________________
Nature of Association: ______________________________

☐Filer ☐Spouse ☐Both

Amount of Interest (amount exceeds 10%): ___________%
Name of Business: ______________________________
Address: ______________________________
City, State, Zip: ______________________________
Business Description: ______________________________
Nature of Association: ______________________________

*** You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.**
*** "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.**

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Schedule C: Positions – Nonprofit

☐Filer ☐Spouse

Name of Organization: ______________________________
Address: ______________________________
City, State, Zip: ______________________________

Nature of Association: ______________________________
Description of Organization: ______________________________

☐Filer ☐Spouse

Name of Organization: ______________________________
Address: ______________________________
City, State, Zip: ______________________________

Nature of Association: ______________________________
Description of Organization: ______________________________

☐Filer ☐Spouse

Name of Organization: ______________________________
Address: ______________________________
City, State, Zip: ______________________________

Nature of Association: ______________________________
Description of Organization: ______________________________

☐Filer ☐Spouse

Name of Organization: ______________________________
Address: ______________________________
City, State, Zip: ______________________________

Nature of Association: ______________________________
Description of Organization: ______________________________

***You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.**

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Schedule D: Income from the State, Political Subdivisions, and/or Gaming Interests

☐Filer ☐Spouse ☐Business (where amount of interest exceeds 10%)
Type of Income: ☐State ☐Political Subdivision ☐ Gaming Interest
Name of Business (if applicable): ______
Name of Income Source: ______
Address: ______
City, State, Zip: ______
Amount of Income (exact dollar amount): $______

☐Filer ☐Spouse ☐Business (where amount of interest exceeds 10%)
Type of Income: ☐State ☐Political Subdivision ☐ Gaming Interest
Name of Business (if applicable): ______
Name of Income Source: ______
Address: ______
City, State, Zip: ______
Amount of Income (exact dollar amount): $______

☐Filer ☐Spouse ☐Business (where amount of interest exceeds 10%)
Type of Income: ☐State ☐Political Subdivision ☐ Gaming Interest
Name of Business (if applicable): ______
Name of Income Source: ______
Address: ______
City, State, Zip: ______
Amount of Income (exact dollar amount): $______

☐Filer ☐Spouse ☐Business (where amount of interest exceeds 10%)
Type of Income: ☐State ☐Political Subdivision ☐ Gaming Interest
Name of Business (if applicable): ______
Name of Income Source: ______
Address: ______
City, State, Zip: ______
Amount of Income (exact dollar amount): $______

*** You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.**
*** "Income" (for a business) means gross income less costs of goods sold, and operating expenses.**
*** "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.**
*** The definitions for (and examples of) *political subdivision, gaming interest, and business* are found in the *Instructions Section* of this form.**

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Schedule E: Income Received from Employment

☐Filer ☐Spouse ☐Full-time ☐Part-time

Name of Employer: ______________________________
Address: ______________________________
City, State, Zip: ______________________________

Nature of Services (pursuant to such employment): ______________________________
____

Amount of Income: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999)
☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

☐Filer ☐Spouse ☐Full-time ☐Part-time

Name of Employer: ______________________________
Address: ______________________________
City, State, Zip: ______________________________

Nature of Services (pursuant to such employment): ______________________________
____

Amount of Income: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999)
☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

☐Filer ☐Spouse ☐Full-time ☐Part-time

Name of Employer: ______________________________
Address: ______________________________
City, State, Zip: ______________________________

Nature of Services (pursuant to such employment): ______________________________
____

Amount of Income: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999)
☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

☐Filer ☐Spouse ☐Full-time ☐Part-time

Name of Employer: ______________________________
Address: ______________________________
City, State, Zip: ______________________________

Nature of Services (pursuant to such employment): ______________________________
____

Amount of Income: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999)
☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

*** You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.**
*** "Income" (for a business) means gross income less costs of goods sold, and operating expenses.**
*** "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.**
***Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.**
***Income received through *self-employment* is reported on SCHEDULE F.**

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Schedule F: Income Received From Business Interests

AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:

☐Category I (less than $5,000) ☐Category II ($5,000-$24,999)
☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

☐Filer ☐Spouse
Name of Business: ______
Address: ______
City, State, Zip: ______

Nature of services rendered or reason income was received: ______
______
______

☐Filer ☐Spouse
Name of Business: ______
Address: ______
City, State, Zip: ______

Nature of services rendered or reason income was received: ______
______
______

☐Filer ☐Spouse
Name of Business: ______
Address: ______
City, State, Zip: ______

Nature of services rendered or reason income was received: ______
______
______

☐Filer ☐Spouse
Name of Business: ______
Address: ______
City, State, Zip: ______

Nature of services rendered or reason income was received: ______
______
______

***You are required to complete SCHEDULE F if you or your spouse received income from a business interest.**
*** "Income" (for a business) means gross income less costs of goods sold, and operating expenses.**
*** "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.**
***Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.**

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Schedule G: Other Income (any other income that exceeds $1,000 from each source)

☐Filer ☐Spouse

Description of Income: ______________________________

____

Nature of services rendered or reason income was received: ______________________________

____

Amount of Income: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999)
☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

☐Filer ☐Spouse

Description of Income: ______________________________

____

Nature of services rendered or reason income was received: ______________________________

____

Amount of Income: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999)
☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

☐Filer ☐Spouse

Description of Income: ______________________________

____

Nature of services rendered or reason income was received: ______________________________

____

Amount of Income: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999)
☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

☐Filer ☐Spouse

Description of Income: ______________________________

____

Nature of services rendered or reason income was received: ______________________________

____

Amount of Income: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999)
☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

***You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded $1,000 from any one source.**
*** "Income" (for a business) means gross income less costs of goods sold, and operating expenses.**
*** "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.**
***You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.**
***Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.**

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Schedule H: Immovable Property (a property that exceeds $2,000 in value)

☐Filer ☐Spouse ☐ Both

Location of Property
Country: ______________________ State: ______________________Parish/County: ______________________

Description of Property: ____

____

Fair Market Value or Use Value: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999) ☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

☐Filer ☐Spouse ☐ Both

Location of Property
Country: ______________________ State: ______________________Parish/County: ______________________

Description of Property: ____

____

Fair Market Value or Use Value: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999) ☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

☐Filer ☐Spouse ☐ Both

Location of Property
Country: ______________________ State: ______________________Parish/County: ______________________

Description of Property: ____

____

Fair Market Value or Use Value: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999) ☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

☐Filer ☐Spouse ☐ Both

Location of Property
Country: ______________________ State: ______________________Parish/County: ______________________

Description of Property: ____

____

Fair Market Value or Use Value: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999) ☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

***You are required to disclose the location by country, state, and parish/county.**
*** You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)**

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Schedule I: Investment Holdings (an investment holding that exceeds $5,000)

☐Filer ☐Spouse ☐ Both

Name of Security: ______________________________

____

Description of Security: ______________________________

____

☐Filer ☐Spouse ☐ Both

Name of Security: ______________________________

____

Description of Security: ______________________________

____

☐Filer ☐Spouse ☐ Both

Name of Security: ______________________________

____

Description of Security: ______________________________

____

☐Filer ☐Spouse ☐ Both

Name of Security: ______________________________

____

Description of Security: ______________________________

____

*** You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds $5,000.**
***You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.**
***You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.**

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Schedule J: Transactions (a transaction that exceeds $5,000)

☐Filer ☐Spouse ☐ Both

Transaction Date: ______________________________

Description of Transaction: ______________________________

____

Amount of Transaction: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999)
☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

☐Filer ☐Spouse ☐ Both

Transaction Date: ______________________________

Description of Transaction: ______________________________

____

Amount of Transaction: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999)
☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

☐Filer ☐Spouse ☐ Both

Transaction Date: ______________________________

Description of Transaction: ______________________________

____

Amount of Transaction: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999)
☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

☐Filer ☐Spouse ☐ Both

Transaction Date: ______________________________

Description of Transaction: ______________________________

____

Amount of Transaction: ☐Category I (less than $5,000) ☐Category II ($5,000-$24,999)
☐Category III ($25,000-$100,000) ☐Category IV (more than $100,000)

*** You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds $5,000 each).**

*** You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.**

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Schedule K: Liabilities (a liability that exceeds $10,000)

☐Filer ☐Spouse

Name of Creditor: ______________________________

Address: ______________________________

City, State, Zip ______________________________

Name of Guarantor (If applicable): ______________________________

☐Filer ☐Spouse

Name of Creditor: ______________________________

Address: ______________________________

City, State, Zip ______________________________

Name of Guarantor (If applicable): ______________________________

☐Filer ☐Spouse

Name of Creditor: ______________________________

Address: ______________________________

City, State, Zip ______________________________

Name of Guarantor (If applicable): ______________________________

***You are required to complete SCHEDULE K if you or your spouse owes any liability which exceeds $10,000 on the last day of the reporting period.**
***You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.**
***You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.**
***You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.**
*** You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).**
***You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.**
***"Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).**

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Schedule L: Other Offices/Positions Held

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

***You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.**